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L2: Entry 27 of 27

File: USPT

Dec 7, 1993

DOCUMENT-IDENTIFIER: US 5267963 A
TITLE: Medication injection device

Brief Summary Text (8):

This condition can be a psychologically devastating therapeutic problem. It has been estimated to effect 50% of all diabetic men and up to 9% of younger men in apparent good health. Varying degrees of erectile dysfunction caused by age, drug use, arteriosclerosis, trauma, hormone disorders and surgical procedures have also been observed. Diminished male erectile response is the limiting factor in sexual relationships. The fear of erectile failure has been reported as one of the primary reasons for decreased libido in older males.

L4 ANSWER 1 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
 AN 1997:456708 BIOSIS
 DN PREV199799755911
 TI Sexual functioning after multimodality treatment for disseminated
 nonseminomatous testicular germ cell tumor.
 AU Van Basten, J. P.; Jonker-Pool, G.; Van Driel, M. F.; Sleijfer, D. T.;
 Droste, J. H. J.; Van De Wiel, H. B. M.; Schraffordt Koops, H.; Molenaar,
 W. M.; Hoekstra, H. J. [Reprint author]
 CS Dep. Surgical Oncol., Groningen Univ. Hosp., P.O. Box 30.001, 9700 RB
 Groningen, Netherlands
 SO Journal of Urology, (1997) Vol. 158, No. 4, pp. 1411-1416.
 CODEN: JOURAA. ISSN: 0022-5347.
 DT Article
 LA English
 ED Entered STN: 27 Oct 1997
 Last Updated on STN: 27 Oct 1997
 SO Journal of Urology, (1997) Vol. 158, No. 4, pp. 1411-1416.
 CODEN: JOURAA. ISSN: 0022-5347.
 AB. . . right paracaval/interaortacaval) of the resected tumor were related
 to absence of ejaculation as well as decreased semen amount. In addition,
libido, arousal, erection and orgasm were related to ejaculatory
 dysfunction. Results: A total of 43 patients (27.7%) was treated with
 chemotherapy only and 112 (72.3%) had additional resection of
 post-chemotherapy residual retroperitoneal tumor mass. Overall, 22.4%
 reported loss of **libido**, 14. 1% decreased arousal, 16%
erectile dysfunction, 23. 1% decreased orgasmic
 intensity, 17.4% decreased semen amount and 18.7% complete absence of
 antegrade ejaculation. With exception of absence. . .
 IT Miscellaneous Descriptors
 ANTEGRADE EJACULATION; AROUSAL; CHEMOTHERAPY; DISSEMINATED
 NONSEMINOMATOUS TESTICULAR GERM CELL TUMOR; **ERECTILE**
DYSFUNCTION; **LIBIDO** LOSS; MALE; MULTIMODALITY
 TREATMENT; NEOPLASTIC DISEASE; ONCOLOGY; ORGASMIC INTENSITY; PATIENT;
 POST-CHEMOTHERAPY SEXUAL MORBIDITY; REPRODUCTIVE SYSTEM DISEASE/MALE;
 RESECTED TUMOR VOLUME; SEMEN. . .

 L4 ANSWER 2 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
 AN 1997:306286 BIOSIS
 DN PREV199799614089
 TI Sexual dysfunction in nonseminoma testicular cancer patients is related to
 chemotherapy-induced angiopathy.
 AU Van Bsten, J. P. A.; Hoekstra, H. J. [Reprint author]; Van Driel, M. F.;
 Koops, H. Schraffordt; Droste, J. H. J.; Jonker-Pool, G.; Van De Wiel, H.
 B. L.; Sleijfer, T. T.
 CS Dep. Surgical Oncol., Groningen Univ. Hosp., PO Box 30.001, 9700RB
 Groningen, Netherlands
 SO Journal of Clinical Oncology, (1997) Vol. 15, No. 6, pp.
 2442-2448.
 CODEN: JCONDN. ISSN: 0732-183X.
 DT Article
 LA English
 ED Entered STN: 26 Jul 1997
 Last Updated on STN: 26 Jul 1997
 SO Journal of Clinical Oncology, (1997) Vol. 15, No. 6, pp.
 2442-2448.
 CODEN: JCONDN. ISSN: 0732-183X.
 AB. . . 42 (19.6%) by PCT, and 117 (54.4%) by PCT and resection of residual
 retroperitoneal tumor mass (RRRTM). Overall, loss of **libido** was
 reported by 19.1%, decreased arousal by 11.2%, **erectile**
dysfunction by 12.1%, decreased intensity of orgasm by 20%, and

ejaculatory problems by 28%. Patients treated with PVB suffered more often. . . . 29%; P lt .05) and from paresthesia (31.6% v 14.7%; P lt .05). Patients with Raynaud's phenomenon had more often **erectile dysfunction** (28.8%) compared with those without (8.4%) (P lt .05). Conclusion: Compared with orchidectomy alone, PCT, with or without RRRTM, induced. . . . sexual dysfunction. Compared with other chemotherapeutic regimens, signs of angiopathy and neuropathy were most prevalent in those treated with PVB. **Erectile dysfunction** was related to the chemotherapy-induced Raynaud's phenomenon but not to acral paresthesia.

IT Miscellaneous Descriptors

ACRAL PARESTHESIA; ANTINEOPLASTIC-DRUG; AROUSAL; BLEOMYCIN; CARBOPLATIN; CISPLATIN; EJACULATION; **ERECTILE DYSFUNCTION**; ETOPOSIDE; IFOSFAMIDE; **LIBIDO**; NEOPLASTIC DISEASE; NERVOUS SYSTEM DISEASE; NONSEMINOMATOUS TESTICULAR GERM CELL TUMOR; ONCOLOGY; ORCHIDECTOMY; ORGASM INTENSITY; PATIENT; RAYNAUD'S PHENOMENON; REPRODUCTIVE SYSTEM DISEASE/MALE; . . .

L4 ANSWER 3 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1997:172715 BIOSIS
DN PREV199799479318
TI The effects of testosterone on the cavernous tissue and erectile function.
AU Shabsigh, R.
CS Coll. Physician Surg. of Columbia Univ., 161 Fort Washington Ave., New York, NY 10032, USA
SO World Journal of Urology, (1997) Vol. 15, No. 1, pp. 21-26.
ISSN: 0724-4983.

DT Article
General Review; (Literature Review)

LA English

ED Entered STN: 24 Apr 1997

Last Updated on STN: 24 Apr 1997

SO World Journal of Urology, (1997) Vol. 15, No. 1, pp. 21-26.
ISSN: 0724-4983.

AB. . . experiences and the effects of pharmacological manipulation to explain the role androgens play in sexual function with special emphasis on **erectile** function and the **erectile** tissue. This review reveals that androgens are necessary for the normal development of the penis and their deficiency results in. . . androgen receptors in the penis decrease after puberty, they usually do not disappear completely. Animal data show that androgens support **erectile** function through a direct effect on the **erectile** tissue. Experimental castration results in impaired **erectile** response to central and peripheral stimulation and decrease in penile tissue concentration of nitric oxide synthase-containing nerves. Testosterone replacement reverses. . . DNA synthesis is induced by testosterone replenishment. Human data are less clear than animal data. Castration results in loss of **libido** and in **erectile dysfunction**. However, these effects are not universal. Testosterone enhances **libido**, frequency of sexual acts and sleep-related erections. Its effects on erotic erections are not clear.

L4 ANSWER 4 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1997:170299 BIOSIS
DN PREV199799476902
TI Sexual functioning in testosterone-supplemental patients treated for bilateral testicular cancer.
AU Van Basten, J. P.; Van Driel, M. F.; Jonker-Pool, G.; Sleijfer, D. T.; Koops, H. Schraffordt; Van De Wiel, H. B. M.; Hoekstra, H. J. [Reprint author]
CS Dep. Surg. Oncol., Groningen Univ. Hosp., PO Box 30.001, 9713 GZ Groningen, Netherlands

SO British Journal of Urology, (1997) Vol. 79, No. 3, pp. 461-467.
 CODEN: BJURAN. ISSN: 0007-1331.

DT Article
 LA English
 ED Entered STN: 24 Apr 1997
 Last Updated on STN: 24 Apr 1997

SO British Journal of Urology, (1997) Vol. 79, No. 3, pp. 461-467.
 CODEN: BJURAN. ISSN: 0007-1331.

AB. . . function, as assessed by self-reported data on sexuality and general well-being, measurements of nocturnal penile tumescence and rigidity (NPTR) and **erectile** function elicited by visual erotic stimulation (VES), determined at t-1, t-2 and t-3. Results: During the 3-week interval between injections, . . . the lowest levels at t, and the highest at t-3. Other hormone levels remained unchanged. Three patients reported loss of **libido**, decreased arousal, **erectile dysfunction**, fatigue and mood depression. However, neither the arousal nor the **erectile** problems could be verified by VES. There was no relationship between plasma testosterone levels, the reported sexual dysfunctions and the. . . intolerance at the end of the injection interval. These adverse effects of declining plasma testosterone were related to loss of **libido** and other sexual problems. Conclusion: In most patients castrated for bilateral testicular cancer and receiving intramuscular injections with testosterone, plasma. . . testosterone level. However, at the end of the injection interval, adverse psychological and physical effects had a significant impact on **libido** and arousal.

L4 ANSWER 5 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
 AN 1996:218245 BIOSIS
 DN PREV199698774374
 TI Prolactin and testosterone: Their role in male sexual function.
 AU Carani, C. [Reprint author]; Granata, A. R. M.; Fustini, M. Faustini; Marrama, P.
 CS Dip. Med. Interna, Cattedra Endocrinol., Via Del Pozzo 71, 41100 Modena, Italy
 SO International Journal of Andrology, (1996) Vol. 19, No. 1, pp. 48-54.
 CODEN: IJANDP. ISSN: 0105-6263.

DT Article
 LA English
 ED Entered STN: 8 May 1996
 Last Updated on STN: 8 May 1996

SO International Journal of Andrology, (1996) Vol. 19, No. 1, pp. 48-54.
 CODEN: IJANDP. ISSN: 0105-6263.

AB. . . men is still not completely clear. Men with severe hyperprolactinaemia frequently show mild hypogonadism, and many complain of loss of **libido** and penile **erectile dysfunction** (ED). We studied the night-sleep related erections and the penile response to visual erotic stimuli (VES) in 44 men: 13. . . hyperprolactinaemia and mild hypogonadism (Group 3) and 12 control men (Group 4). All of the patients complained of loss of **libido** and ED. Group 1 showed significantly impaired night erections when compared with any of the other three groups, but no. . . partially androgen-independent. Furthermore, hyperprolactinaemia does not affect night erections or the penile response to VES, suggesting that its effect on **libido** and sexual behaviour is due mainly to modulation of the psychological pattern of the patient.

L4 ANSWER 6 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
 AN 1995:554357 BIOSIS
 DN PREV199698568657

TI Opiate antagonists in erectile dysfunction: A possible new treatment option?: Results of a pilot study with naltrexone.
 AU Van Ahlen, H. [Reprint author]; Piechota, H. J.; Kias, H. J.; Brennemann, W.; Klingmueller, D.
 CS Klinik Poliklinik fuer Urologie, Albert-Schweitzer-Strasse 33, D-48129 Muenster, Germany
 SO European Urology, (1995) Vol. 28, No. 3, pp. 246-250.
 CODEN: EUURAV. ISSN: 0302-2838.
 DT Article
 LA English
 ED Entered STN: 31 Dec 1995
 Last Updated on STN: 31 Dec 1995
 SO European Urology, (1995) Vol. 28, No. 3, pp. 246-250.
 CODEN: EUURAV. ISSN: 0302-2838.
 AB Opioids have an inhibitory effect on sexual functions in both animals and humans. Twenty patients with idiopathic, nonvascular, nonneurogenic **erectile dysfunction** were treated with the opiate receptor antagonist naltrexone in a randomized, placebo-controlled, double-blind study for 8 weeks. **Libido** and frequency of sexual intercourse were not significantly altered, but early-morning erections increased significantly under naltrexone therapy. This response was. .

L4 ANSWER 7 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
 AN 1995:541222 BIOSIS
 DN PREV199598555522
 TI Sexual function of men ages 40 to 79 years: The Olmsted County Study of Urinary Symptoms and Health Status Among Men.
 AU Panser, Laurel A.; Rhodes, Thomas; Girman, Cynthia J.; Guess, Harry A.; Chute, Christopher G.; Oesterling, Joseph E.; Lieber, Michael M.; Jacobsen, Steven J. [Reprint author]
 CS Dep. Health Sciences Res., Mayo Clinic, 200 First Street S.W., Rochester, MN 55905, USA
 SO Journal of the American Geriatrics Society, (1995) Vol. 43, No. 10, pp. 1107-1111.
 CODEN: JAGSAF. ISSN: 0002-8614.
 DT Article
 LA English
 ED Entered STN: 14 Dec 1995
 Last Updated on STN: 14 Dec 1995
 SO Journal of the American Geriatrics Society, (1995) Vol. 43, No. 10, pp. 1107-1111.
 CODEN: JAGSAF. ISSN: 0002-8614.
 AB. . . of Urinary Symptoms and Health Status Among Men) during 1989-1990. The men completed about sexual concerns, performance, satisfaction, drive, and **erectile dysfunction**. Results: For all five sexual parameters queried, the prevalence of problems and dysfunction increased with age. A comparison of men. . . 10.4%), expressed extreme dissatisfaction with sexual performance (10.7% vs 1.7%), had absent sexual drive (25.9% vs 0.6%), and reported complete **erectile dysfunction** when sexually stimulated (27.4% vs 0.3%). Logistic regression analyses suggested that sexual dissatisfaction was significantly associated with **erectile dysfunction**, decreased **libido**, and the interaction between **erectile dysfunction** and **libido**, but not age. Conclusions: These population-based cross-sectional data corroborate the previously reported age-related decrease in sexual function. The age-related increase in dissatisfaction could, however, be accounted for primarily by the age-related increase in **erectile dysfunction**, decreased **libido**, and the interaction between **erectile dysfunction** and decreased **libido**.

L4 ANSWER 8 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
 AN 1995:224186 BIOSIS
 DN PREV199598238486
 TI Management of hormonal treatment effects.
 AU Kirschenbaum, Alexander
 CS Mount Sinai Med. Cent., Dep. Urol., Box 1272, One Gustave Levy Place, New
 York, NY 10029, USA
 SO Cancer (Philadelphia), (1995) Vol. 75, No. 7 SUPPL., pp.
 1983-1986.
 CODEN: CANCAR. ISSN: 0008-543X.
 DT Article
 LA English
 ED Entered STN: 31 May 1995
 Last Updated on STN: 1 Jun 1995
 SO Cancer (Philadelphia), (1995) Vol. 75, No. 7 SUPPL., pp.
 1983-1986.
 CODEN: CANCAR. ISSN: 0008-543X.
 AB. . . with luteinizing hormone-releasing hormone (LHRH) agonists,
 antiandrogens, ketoconazole, estrogens, and progestational agents. The
 most common side effects are loss of **libido** and impotence, hot
 flushes, gynecomastia, the "flare" phenomenon (LHRH agonists), nausea and
 vomiting, liver toxicity, and thromboembolic events (estrogens). The .
 . pretreatment with antiandrogens or estrogens. Progestational agents
 can reduce hot flashes markedly. Gynecomastia may be prevented by
 preliminary breast irradiation. **Erectile dysfunction**
 is the most problematic side effect and possible treatments for this
 condition are discussed.

L4 ANSWER 9 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
 AN 1995:60121 BIOSIS
 DN PREV199598074421
 TI Heart transplantation and its impact on sexual life: A retrospective
 inquiry in 62 male patients.
 AU Bunzel, B. [Reprint author]; Wollenek, G.; Grundboeck, A.; Schramek, P.
 CS II. Chirurgische Univ., Spitalgasse 23, A-1090 Wien, Germany
 SO Herz, (1994) Vol. 19, No. 5, pp. 294-302.
 ISSN: 0340-9937.
 DT Article
 LA German
 ED Entered STN: 8 Feb 1995
 Last Updated on STN: 8 Feb 1995
 SO Herz, (1994) Vol. 19, No. 5, pp. 294-302.
 ISSN: 0340-9937.
 AB. . . 1990 were questioned on sexual functional disorders pre- and
 postoperatively. Questions dealt with perceived medication effects on
 sexual function and **libido**, fear of intercourse, their worries
 about the sexual habits of the donor, perceived changes in sexual
 attractiveness and body image.. . . transplantation had been carried
 out at least once longest seven years before. The patients reported a
 significant postoperative increase of **libido** accompanied by a
 significant decrease of physical complaints at intercourse. Problems with
 potency (impaired **erectile** rigidity) persisted, however. 23% of
 the patients reported that since transplantation sexuality had become a
 problem for them. 42% wanted. . . 31% suspected that medication
 adversely affected sexual functioning, and 23% stated that in their
 opinion it contributed to a lowered **libido**. 15% felt themselves
 much more sexually attractive after they had undergone surgery, and 13%
 were considered more sexually attractive by. . . and "maximal
 medication" (n = 12), statistically significant differences were found:
 patients on more medication were more likely to have **erectile**
dysfunction and were more likely to blame medication for their
 sexual problems. They were also more afraid of physical exertion during.

IT Miscellaneous Descriptors
 BODY IMAGE; DRUG EFFECT; **ERECTILE DYSFUNCTION**; FEAR
 OF INTERCOURSE; **LIBIDO**; MULTIMORBIDITY; PSYCHOLOGICAL STRAIN;
 SEXUAL ATTRACTIVENESS; SEXUAL FUNCTION DISORDER; SEXUAL HABIT

L4 ANSWER 10 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
 AN 1994:396310 BIOSIS
 DN PREV199497409310
 TI Treatment of idiopathic erectile dysfunction in men with the opiate
 antagonist naltrexone: A double-blind study.
 AU Brennemann, W.; Stitz, B.; Van Ahlen, H.; Brensing, K. A.; Klingmueller,
 Dietrich [Reprint author]
 CS Inst. Klinische Biochemie der Univ. Bonn, Sigmund-Freud-Stre. 25, 53105
 Bonn, Germany
 SO Journal of Andrology, (1993) Vol. 14, No. 6, pp. 407-410.
 CODEN: JOAND3. ISSN: 0196-3635.
 DT Article
 LA English
 ED Entered STN: 14 Sep 1994
 Last Updated on STN: 15 Sep 1994
 SO Journal of Andrology, (1993) Vol. 14, No. 6, pp. 407-410.
 CODEN: JOAND3. ISSN: 0196-3635.

AB. . . and testosterone, as well as sexual functions in animals and humans.
 We therefore treated 20 otherwise healthy men with idiopathic
erectile dysfunction aged 46.3 \pm 2.7 years (mean \pm SE,
 range 23.9-63.3) in a double-blind study with an opiate antagonist,
 naltrexone, or placebo. The **erectile dysfunction** of
 these men had persisted for 3.6 \pm 0.5 years despite **libido**
 maintenance; standard procedures had excluded any organic causes. Trial
 duration was 12 weeks overall. After a 4-week forerun, the patients. .
 . by 4 weeks of a 50-mg dose of naltrexone/day or placebo. Each day the
 patients filled out a questionnaire detailing **libido**, degree of
 erection, frequency of sexual intercourse, and spontaneous morning
 erections. Serum concentrations of gonadotropins and testosterone were
 determined radioimmunologically. . . no significant change in
 spontaneous erections (2.4 \pm 0.3 and 2.6 \pm 0.3, respectively). The
 subjective parameters, however, such as **libido**, degree of
 erection, and frequency of sexual intercourse showed no significant
 difference within each group. There was no difference in. . .
 significance of the naltrexone-induced rise in spontaneous morning
 erections requires more evaluation in a greater collective of patients
 with idiopathic **erectile dysfunction**.

L4 ANSWER 11 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
 AN 1994:185819 BIOSIS
 DN PREV199497198819
 TI Erectile dysfunction and hypogonadism-is routine endocrine screening
 necessary?.
 AU Noldus, J. [Reprint author]; Huland, H.
 CS Urol. Universitaetsklin. Eppendorf, Martinistr. 52, D-20251 Hamburg 20,
 Germany
 SO Urologe Ausgabe A, (1994) Vol. 33, No. 1, pp. 73-75.
 CODEN: URGABW. ISSN: 0340-2592.
 DT Article
 LA German
 ED Entered STN: 26 Apr 1994
 Last Updated on STN: 27 Apr 1994
 SO Urologe Ausgabe A, (1994) Vol. 33, No. 1, pp. 73-75.
 CODEN: URGABW. ISSN: 0340-2592.

AB **Erectile dysfunction** is rarely caused by hypogonadism.
 We distinguish between primary and secondary hypogonadism. Among 70

consecutive men treated for impotence within. . . in male sexual function is unclear. Testosterone replacement may be helpful only in patients with low serum testosterone and decreased **libido**. Endocrine screening is necessary in impotent patients with clinical signs of hypogonadism. Patients with decreased **libido** and no signs of hypogonadism should also be undergo endocrine evaluation. Routine endocrine testing for all patients with **erectile dysfunction** is expensive and not productive.

L4 ANSWER 12 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1993:32389 BIOSIS
DN PREV199395020589
TI Successful treatment of erectile dysfunction with FORTISEX coated tablets.
AU Papp, G.; Kopa, Z.
CS Androl. Cent., Dep. Urol., Semmelweis Univ. Med. Sch., Ulloi ut 78/b,
H-1082 Budapest, Hungary
SO Acta Chirurgica Hungarica, (1992) Vol. 32, No. 3, pp. 229-232.
ISSN: 0231-4614.
DT Article
LA English
ED Entered STN: 23 Dec 1992
Last Updated on STN: 23 Dec 1992
SO Acta Chirurgica Hungarica, (1992) Vol. 32, No. 3, pp. 229-232.
ISSN: 0231-4614.
AB After a brief survey of treatment, possibilities **erectile dysfunction**, the Authors describe their results with FORTISEX coated tablets playing an important role in the conservative therapy even in our days. Their results suggest that the primary advantage of the product appears in increasing the **libido** in sexual problems of psychic origin, but its secondary field of application is the minor improvement of **erectile** parameters of disfunctions of "mixed" history.

L4 ANSWER 13 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1990:201803 BIOSIS
DN PREV199089108474; BA89:108474
TI TESTOSTERONE REPLACEMENT THERAPY AND SLEEP-RELATED ERECTIONS IN HYPOGONADAL MEN.
AU CUNNINGHAM G R [Reprint author]; HIRSHKOWITZ M; KORENMAN S G; KARACAN I
CS VETERANS ADM MED CENT-111E, 2002 HOLCOMBE BLVD, HOUSTON, TEXAS 77030, USA
SO Journal of Clinical Endocrinology and Metabolism, (1990) Vol. 70, No. 3, pp. 792-797.
CODEN: JCEMAZ. ISSN: 0021-972X.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 24 Apr 1990
Last Updated on STN: 25 Apr 1990
SO Journal of Clinical Endocrinology and Metabolism, (1990) Vol. 70, No. 3, pp. 792-797.
CODEN: JCEMAZ. ISSN: 0021-972X.
AB Hypogonadal men usually have diminished **libido** and **erectile dysfunction**, and testosterone replacement therapy in these men increases sexual activity, erotic thoughts, and self-reported nocturnal erections. The polygraphic assessment of nocturnal penile tumescence (NPT) provides an objective index of **erectile** capability and is useful for differentiating psychogenic from organic **erectile dysfunction**. In this study we evaluated NPT in six hypogonadal adult men during and after termination of androgen therapy. Multinight sleep. . .
IT Miscellaneous Descriptors
HORMONE-DRUG DIMINISHED **LIBIDO ERECTILE**

**DYSFUNCTION DIFFERENTIAL DIAGNOSIS ORGANIC IMPOTENCY NOCTURNAL
PENILE TUMESCENCE PHARMACOKINETICS**

L4 ANSWER 14 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1988:402530 BIOSIS
DN PREV198886075169; BA86:75169
TI THE ROLE OF AGING AND CHRONIC DISEASE IN SEXUAL DYSFUNCTION.
AU MULLIGAN T [Reprint author]; RETCHIN S M; CHINCHILLI V M; BETTINGER C B
CS 1201 BROAD ROCK RD, RICHMOND, VA 23249, USA
SO Journal of the American Geriatrics Society, (1988) Vol. 36, No.
6, pp. 520-524.
CODEN: JAGSAF. ISSN: 0002-8614.

DT Article

FS BA

LA ENGLISH

ED Entered STN: 7 Sep 1988

Last Updated on STN: 7 Sep 1988

SO Journal of the American Geriatrics Society, (1988) Vol. 36, No.
6, pp. 520-524.

CODEN: JAGSAF. ISSN: 0002-8614.

AB. . . under 65 ("old-young"). Of 347 subjects surveyed, 225 completed a
health and sexual function questionnaire (response rate = 65%). Absent
libido was reported by 30% of old-young, 31% of young-old, and 47%
of old-old. **Erectile dysfunction** was reported in 26%
of old-young, 27% of young-old, and 50% of old-old ($P < 0.01$). We used
ordinal logistic. . .

L4 ANSWER 15 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1988:358031 BIOSIS
DN PREV198886053509; BA86:53509
TI ENDOCRINE CAUSES OF SECONDARY IMPOTENCE IN MEN.
AU JERVELL J [Reprint author]
CS MEDISINSK AVDELING B, RIKSHOSPITALET, 0027 OSLO 1
SO Tidsskrift for den Norske Laegeforening, (1988) Vol. 108, No.
10, pp. 755-757, 778.
CODEN: TNLAAH. ISSN: 0029-2001.

DT Article

FS BA

LA NORWEGIAN

ED Entered STN: 3 Aug 1988

Last Updated on STN: 3 Aug 1988

SO Tidsskrift for den Norske Laegeforening, (1988) Vol. 108, No.
10, pp. 755-757, 778.

CODEN: TNLAAH. ISSN: 0029-2001.

AB. . . in men are loss of testosterone production due to either primary
testicular disease, or pituitary/hypothalamic disorder. Testosterone
replacement therapy restores **libido** and potency, but not
fertility; gonadotrophins are necessary to achieve this, but are of no use
in primary testicular disease.. . . tumours, is a rare cause of male
sexual dysfunction. Other endocrine disorders may cause sexual
dysfunction by their general effect. **Erectile
dysfunction** is common in longstanding diabetes mellitus with
angio- and/or neuropathy.

L4 ANSWER 16 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1988:269825 BIOSIS
DN PREV198886009069; BA86:9069
TI NOCTURNAL PENILE TUMESCENCE IS DIMINISHED IN DEPRESSED MEN.
AU THASE M E [Reprint author]; REYNOLDS C F III; JENNINGS J R; FRANK E;
HOWELL J R; HOUCK P R; BERMAN S; KUPFER D J
CS WEST PSYCHIATR INST AND CLIN, 3811 O'HARA ST, PITTSBURGH, PA 15213, USA
SO Biological Psychiatry, (1988) Vol. 24, No. 1, pp. 33-46.

CODEN: BIPCBF. ISSN: 0006-3223.

DT Article

FS BA

LA ENGLISH

ED Entered STN: 2 Jun 1988

Last Updated on STN: 2 Jun 1988

SO Biological Psychiatry, (1988) Vol. 24, No. 1, pp. 33-46.

CODEN: BIPCBF. ISSN: 0006-3223.

AB Although depressed individuals commonly report decreased **libido**, it was not known if such changes are accompanied by neurophysiological alterations. Preliminary studies suggest that some depressed men may manifest diminished nocturnal penile tumescence (NPT), an objective measure of **erectile** capacity. We report NPT findings in 34 male outpatients with major depression (SADS/RDC) and an age-matched group of 28 healthy. . . presumed organic impairment (93%) (p < 0.001). Diminished NPT time and low buckling force were associated with a history of **erectile dysfunction** within the index depressive episode (p < 0.001). These findings suggest that depression in men is associated with a potentially reversible decrease in **erectile** capacity, which may be associated with significant sexual dysfunction.

L4 ANSWER 17 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AN 1987:341641 BIOSIS

DN PREV198784050584; BA84:50584

TI SEXUAL DYSFUNCTION IN MALE ALCOHOL ADDICTS PREVALENCE AND TREATMENT.

AU FAHRNER E-M [Reprint author]

CS IFT-INST FUR THERAPIEFORSCHUNG, PARZIVALSTR 25, D-8000 MUNCHEN 40, WEST GER

SO Archives of Sexual Behavior, (1987) Vol. 16, No. 3, pp. 247-258.

CODEN: ASXBA8. ISSN: 0004-0002.

DT Article

FS BA

LA ENGLISH

ED Entered STN: 8 Aug 1987

Last Updated on STN: 8 Aug 1987

SO Archives of Sexual Behavior, (1987) Vol. 16, No. 3, pp. 247-258.

CODEN: ASXBA8. ISSN: 0004-0002.

AB. . . Inpatients at a clinic for alcoholism were investigated by questionnaire about their sexual functioning and by hormonal data. Three-quarters had **erectile dysfunction**, loss of **libido**, and premature or delayed ejaculation. A follow-up study was done 9 months after the end of treatment. No significant differences.

IT Miscellaneous Descriptors

TESTOSTERONE **ERECTILE DYSFUNCTION** LOSS OF
LIBIDO SEX THERAPY

L4 ANSWER 18 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AN 1984:286839 BIOSIS

DN PREV198478023319; BA78:23319

TI SEXUAL DYSFUNCTION IN MULTIPLE SCLEROSIS.

AU VALLEROY M L [Reprint author]; KRAFT G H

CS REHABILITATION INST OREG, 2010 NW KEARNEY ST, PORTLAND, OREG 97209, USA

SO Archives of Physical Medicine and Rehabilitation, (1984) Vol.

65, No. 3, pp. 125-128.

CODEN: APMHAI. ISSN: 0003-9993.

DT Article

FS BA

LA ENGLISH

SO Archives of Physical Medicine and Rehabilitation, (1984) Vol.

65, No. 3, pp. 125-128.

CODEN: APMHAI. ISSN: 0003-9993.

AB. . . of the men. Among the women, the most commonly occurring sexual symptoms (in decreasing order of frequency) were fatigue, decreased **libido**, decreased frequency or loss of orgasm and difficulty with arousal. Men reported the most common problem was **erectile dysfunction**, followed by decreased sensation, fatigue, decreased **libido**, and orgasmic dysfunction. Although loss of mobility, weakness and depression are not significantly associated with sexual dysfunction, spasticity and bladder. . .

L4 ANSWER 19 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1982:233902 BIOSIS
DN PREV198274006382; BA74:6382
TI DIABETIC SEXUAL DYS FUNCTION A COMPARATIVE STUDY OF 160 INSULIN TREATED DIABETIC MEN AND WOMEN AND AN AGE MATCHED CONTROL GROUP.
AU JENSEN S B [Reprint author]
CS RIGSHOSP PSYCHIATRIC DEP O, DK-2100 COPENHAGEN O, DEN
SO Archives of Sexual Behavior, (1981) Vol. 10, No. 6, pp. 493-504. CODEN: ASXBA8. ISSN: 0004-0002.
DT Article
FS BA
LA ENGLISH
SO Archives of Sexual Behavior, (1981) Vol. 10, No. 6, pp. 493-504. CODEN: ASXBA8. ISSN: 0004-0002.

AB. . . controls showed no significant difference in reported sexual dysfunction (27.5% and 25%). The most common symptoms in diabetic men were **erectile dysfunction** and reduced **libido**, often in combination; ejaculatory dysfunctions were rare. In women diabetics as well as in controls, reduced **libido** was the most common symptom. Significantly more diabetic men than women reported sexual dysfunction. A subdivision of sexual function into 3 components (**libido**-vasocongestion-orgasm) showed an equal effect on each of these phases in both sexes. Among the diabetic factors, peripheral neuropathy was correlated. . .

L4 ANSWER 20 OF 52 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1981:235185 BIOSIS
DN PREV198172020169; BA72:20169
TI SEXUAL AND PITUITARY TESTICULAR FUNCTION IN TORTURE VICTIMS.
AU LUNDE I [Reprint author]; RASMUSSEN O V; WAGNER G; LINDHOLM J
CS DEP NEUROL, FREDERIKSBERG HOSP, COPENHAGEN 2000, DEN
SO Archives of Sexual Behavior, (1981) Vol. 10, No. 1, pp. 25-32. CODEN: ASXBA8. ISSN: 0004-0002.
DT Article
FS BA
LA ENGLISH
SO Archives of Sexual Behavior, (1981) Vol. 10, No. 1, pp. 25-32. CODEN: ASXBA8. ISSN: 0004-0002.

AB Seventeen men who previously had been subjected to torture were studied. Sexual dysfunction (reduced **libido** and **erectile dysfunction**) occurred in 29%. There was no relationship between presence of sexual disturbances and previous cranial and/or genital traumas, severity of. . .

L4 ANSWER 21 OF 52 CAPLUS COPYRIGHT 2004 ACS on STN
AN 1998:469364 CAPLUS
DN 129:239318
TI Potential applications of venlafaxine
AU Nutt, D.; Johnson, F. Neil
CS School of Medical Sciences, University of Bristol, Bristol, BS8 1TD, UK
SO Reviews in Contemporary Pharmacotherapy (1998), 9(5), 321-331
CODEN: RCPHFW; ISSN: 0954-8602
PB Marius Press

DT Journal; General Review

LA English

RE.CNT 95 THERE ARE 95 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

SO Reviews in Contemporary Pharmacotherapy (1998), 9(5), 321-331
CODEN: RCPHFW; ISSN: 0954-8602

AB A review with 95 refs. The action of venlafaxine on at least two neurotransmitter systems suggests that this agent may have potential applications in a variety of conditions in addition to the treatment of depression. Evidence on the point is relatively scanty at the present time, but such information as is available suggests that venlafaxine may have a future role in the management of several psychiatric conditions. These include: obsessive-compulsive disorder; panic disorder; attention deficit hyper-activity disorder (in children and in adults); borderline personality disorder; chronic fatigue syndrome; and possibly loss of **libido** and/or **erectile dysfunction**. There are also suggestions of therapeutic benefit arising from venlafaxine treatment of phobic conditions, specifically agoraphobia and social phobia. Recent work indicates that venlafaxine may reduce anxiety concomitant with depressive symptoms as well as anxiety occurring in the absence of depression, and that it may be rather more effective in doing so than is the case for several comparator agents. Venlafaxine appears to be effective in treating certain forms of pain; this is particularly evident against some types of headache, and there are indications of efficacy also against postherpetic neuralgia, chronic radicular back pain, and fibromyalgia. While venlafaxine has been found to show some degree of efficacy against Raynaud's phenomenon, it is unlikely to be better than selective serotonin reuptake inhibitors in the treatment of this condition. Further studies of venlafaxine are likely to reveal a wider spectrum of potential applications for this agent.

L4 ANSWER 22 OF 52 CAPLUS COPYRIGHT 2004 ACS on STN

AN 1995:294459 CAPLUS

DN 122:47507

TI Use of natural estrogens to retard aging in men

IN Umbreit, Klaus

PA Germany

SO Ger., 3 pp.

CODEN: GWXXAW

DT Patent

LA German

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	DE 4326948	C1	19941117	DE 1993-4326948	19930811 <--
PRAI	DE 1993-4326948		19930811		
PI	DE 4326948 C1	19941117			

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	DE 4326948	C1	19941117	DE 1993-4326948	19930811 <--

AB Administration of natural estrogens, especially 17 β -estradiol, estradiol valerate, or conjugated estrogens, to >55-yr-old men at 0.1-2.0 mg/day delayed or reversed such aging-related changes as frequent urination, loss of **libido** and self-esteem, mucosal damage, tachycardia, arrhythmia, arthropathy, pancreatic insufficiency, and prostate hyperplasia, as well as **erectile dysfunction**.

L4 ANSWER 23 OF 52 DISSABS COPYRIGHT (C) 2004 ProQuest Information and Learning Company; All Rights Reserved on STN

AN 81:23713 DISSABS Order Number: AAR8120184

TI AN INVESTIGATION INTO THE SIGNIFICANT PSYCHOLOGICAL FACTORS RELATED TO SUCCESSFUL RECUPERATION IN RECIPIENTS OF KIDNEY TRANSPLANTS

AU SCHINDLER, VICTORIA ROLAND [PH.D.]
CS UNITED STATES INTERNATIONAL UNIVERSITY (0239)
SO Dissertation Abstracts International, (1981) Vol. 42, No. 4B, p.
1591. Order No.: AAR8120184. 95 pages.
DT Dissertation
FS DAI
LA English
ED Entered STN: 19921118
Last Updated on STN: 19921118
SO Dissertation Abstracts International, (1981) Vol. 42, No. 4B, p.
1591. Order No.: AAR8120184. 95 pages.
AB . . . their doctors about the effect that renal failure can have
on an individual's sex life. Women experienced a loss of **libido**
while on dialysis but regained those desires after receiving a transplant.
Men suffered from **erectile dysfunction** while on
dialysis and half of the men continued to have these problems
post-transplantation.
Patients did not integrate the transplanted. . .

L4 ANSWER 24 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 1998397301 EMBASE
TI Assessment of psychosexual adjustment after insertion of inflatable penile
prosthesis.
AU Tefilli M.V.; Dubocq F.; Rajpurkar A.; Gheiler E.L.; Tiguert R.; Barton
C.; Li H.; Dhabuwala C.B.
CS Dr. C.B. Dhabuwala, Department of Urology, Wayne State Univ. School of
Medicine, Harper Professional Building, 4160 John R., Detroit, MI 48201,
United States
SO Urology, (1998) 52/6 (1106-1112).
Refs: 23
ISSN: 0090-4295 CODEN: URGYAZ
PUI S 0090-4295(98)00362-8
CY United States
DT Journal; Article
FS 027 Biophysics, Bioengineering and Medical Instrumentation
028 Urology and Nephrology
032 Psychiatry
LA English
SL English
SO Urology, (1998) 52/6 (1106-1112).
Refs: 23
ISSN: 0090-4295 CODEN: URGYAZ
AB Objectives. To evaluate the psychosexual benefit obtained from
multicomponent penile implant surgery in patients with **erectile**
dysfunction. Methods. A psychosexual questionnaire was given to 35
patients undergoing penile prosthesis implantation before surgery and at 3
months, 6. . . total score at 6 months after surgery and 1 year after
prosthesis implantation (P=0.85). The patients perceived improvement in
their **erectile** ability and **libido**. Concern about
obtaining and maintaining an erection during intercourse was significantly
alleviated. There was an increase in the frequency of. . .

L4 ANSWER 25 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 1998392180 EMBASE
TI Drug-induced sexual dysfunction.
AU Fecik S.E.
CS S.E. Fecik, Psychopharmacy Res./Education Prog., Western Missouri Mental
Health Ctr., University of Missouri-Kansas City, 600 E 22 Street, Kansas
City, MO 64108, United States
SO Medical Update for Psychiatrists, (1998) 3/6 (176-181).

Refs: 23
 ISSN: 1082-7579 CODEN: MUPSFY
 PUI S 1082-7579(98)00024-7
 CY United States
 DT Journal; General Review
 FS 032 Psychiatry
 037 Drug Literature Index
 038 Adverse Reactions Titles
 LA English
 SL English
 SO Medical Update for Psychiatrists, (1998) 3/6 (176-181).
 Refs: 23
 ISSN: 1082-7579 CODEN: MUPSFY
 AB . . . the matter, disease states such as depression, schizophrenia, diabetes, and hypertension all can decrease sexual desire and increase difficulty with **erectile** function and problems with orgasm. An assessment of baseline sexual functioning is often overlooked, making it difficult to determine whether. . . to report any changes in functioning to their physician. Three main stages of sexual function are affected by medications, including: desire-**libido**; arousal-priapism and impotence (**erectile dysfunction**); and orgasm-anorgasmia, delayed ejaculation, and painful orgasm. Treatment strategies include decreasing the dose of the current pharmacologic therapy, switching to. . .

L4 ANSWER 26 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN
 AN 1998390992 EMBASE
 TI An open trial of oral sildenafil in antidepressant-induced sexual dysfunction.
 AU Fava M.; Rankin M.A.; Alpert J.E.; Nierenberg A.A.; Worthington J.J.
 CS Dr. M. Fava, Depression Clinical Research Program, Massachusetts General Hospital, 15 Parkman Street, Boston, MA 02114, United States
 SO Psychotherapy and Psychosomatics, (1998) 67/6 (328-331).
 Refs: 26
 ISSN: 0033-3190 CODEN: PSPSBF
 CY Switzerland
 DT Journal; Article
 FS 032 Psychiatry
 037 Drug Literature Index
 038 Adverse Reactions Titles
 LA English
 SL English
 SO Psychotherapy and Psychosomatics, (1998) 67/6 (328-331).
 Refs: 26
 ISSN: 0033-3190 CODEN: PSPSBF
 AB Background: Sildenafil is a selective inhibitor of cyclic GMP-specific phosphodiesterase type 5 that has been associated with greater improvement of **erectile** function compared to placebo among men with **erectile dysfunction**. The goal of our study was to evaluate its efficacy in a small sample of outpatients with antidepressant-induced sexual dysfunction.. . . assessments and no subjects discontinued the drug prematurely. We observed statistically significant improvements in all domains of sexual functioning, including **libido**, arousal, orgasm, sexual satisfaction, and (in males only) **erectile** function, with a 69% rate of patients reporting themselves as much or very much improved. Oral sildenafil treatment appeared to. . .

L4 ANSWER 27 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN
 AN 1998362630 EMBASE

TI Increased incidence of depressive symptoms in men with erectile dysfunction.
 AU Shabsigh R.; Klein L.T.; Seidman S.; Kaplan S.A.; Lehrhoff B.J.; Ritter J.S.
 CS Dr. R. Shabsigh, Department of Urology, Columbia-Presbyterian Medical Center, 161 Fort Washington Avenue, New York, NY 10032, United States
 SO Urology, (1998) 52/5 (848-852).
 Refs: 25
 ISSN: 0090-4295 CODEN: URGYAZ
 PUI S 0090-4295(98)00292-1
 CY United States
 DT Journal; Article
 FS 017 Public Health, Social Medicine and Epidemiology
 028 Urology and Nephrology
 032 Psychiatry
 037 Drug Literature Index
 LA English
 SL English
 SO Urology, (1998) 52/5 (848-852).
 Refs: 25
 ISSN: 0090-4295 CODEN: URGYAZ
 AB Objectives. To investigate the hypothesis that men with **erectile dysfunction** (ED) have a higher incidence of depressive symptoms compared with age-matched control subjects. We also hypothesized that depressive symptoms impact on the level of **libido** and on the success of treatment of ED. Methods. One hundred twenty men with ED or benign prostatic hyperplasia (BPH). . . Mental Disorders and the Beck Depression Inventory. They were also surveyed for comorbidity, marital status, severity of ED, level of **libido**, prior ED treatment choice (if any), success of treatment, and others. Results. One hundred patients completed the questionnaires. Depressive symptoms. . . more likely to report depressive symptoms than men with BPH alone ($P < 0.005$). Patients with depressive symptoms reported lower **libido** than other patients ($P < 0.0001$). Severity of comorbidities did not differ among the three groups. A total of 33. . . associated with high incidence of depressive symptoms, regardless of age, marital status, or comorbidities. Patients with ED have a decreased **libido** compared with control subjects. In addition, patients with depressive symptoms have a lower **libido** than patients without depressive symptoms. Patients with ED and depressive symptoms are more likely to discontinue treatment for ED than other patients with ED. These data emphasize the importance of a multidisciplinary approach to the treatment of **erectile dysfunction**.
 L4 ANSWER 28 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
 AN 1998328546 EMBASE
 TI Treatment of premature ejaculation with sertraline hydrochloride.
 AU McMahon C.G.; Porst H.
 CS C.G. McMahon, St. Luke's Hospital Complex, Sydney, NSW, Australia
 SO International Journal of Impotence Research, (1998) 10/3 (181-185).
 Refs: 0
 ISSN: 0955-9930 CODEN: IJIRFB
 CY United Kingdom
 DT Journal; Article
 FS 028 Urology and Nephrology
 030 Pharmacology
 037 Drug Literature Index
 038 Adverse Reactions Titles
 LA English
 SL English

SO International Journal of Impotence Research, (1998) 10/3
(181-185).
Refs: 0
ISSN: 0955-9930 CODEN: IJIRFB

AB . . . described some drowsiness and anorexia and 1 man experienced
minor dyspepsia. With a dose of 100 mg, 2 men described **erectile
dysfunction** and reduced **libido**, 2 men described
transient drowsiness and anorexia, 2 men experienced minor dyspepsia and 2
men described feelings of anxiety. Conclusion:. . .

L4 ANSWER 29 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 1998206084 EMBASE
TI Erectile dysfunction in diabetes.
AU Vinik A.; Richardson D.
CS Dr. A. Vinik, Diabetes Research Institute, Eastern Virginia Medical
School, 855 West Brambleton Ave., Norfolk, VA 23510, United States
SO Diabetes Reviews, (1998) 6/1 (16-33).
Refs: 38
ISSN: 1066-9442 CODEN: DBRVEO
CY United States
DT Journal; General Review
FS 003 Endocrinology
028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
SO Diabetes Reviews, (1998) 6/1 (16-33).
Refs: 38
ISSN: 1066-9442 CODEN: DBRVEO

AB Several exciting new therapies for **erectile dysfunction**
(ED) have been released or will shortly appear for the management of
erectile failure in diabetes and other conditions. These are the
result of significant advances in knowledge about the pathophysiology of
ED,. . . or fantasy induced erections. Organic ED is present with all
partners and with masturbation, and there is no loss of **libido**.
Sudden loss of erections with a particular partner while maintaining
morning erections and nocturnal penile tumescence suggests a psychogenic
cause.. . .

L4 ANSWER 30 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 1998075615 EMBASE
TI Correcting impotence in the male dialysis patient: Experience with
testosterone replacement and vacuum tumescence therapy.
AU Lawrence I.G.; Price D.E.; Howlett T.A.; Harris K.P.G.; Feehally J.; Walls
J.
CS I.G. Lawrence, Diabetes Care, Leicester General Hospital, Gwendolyn Road,
Leicester LE5 4PW, United Kingdom
SO American Journal of Kidney Diseases, (1998) 31/2 (313-319).
Refs: 38
ISSN: 0272-6386 CODEN: AJKDDP
CY United States
DT Journal; Article
FS 003 Endocrinology
028 Urology and Nephrology
037 Drug Literature Index
LA English
SL English
SO American Journal of Kidney Diseases, (1998) 31/2 (313-319).
Refs: 38

ISSN: 0272-6386 CODEN: AJKDDP

AB . . . the effectiveness of testosterone replacement in men with biochemically proven hypogonadism and then vacuum tumescence therapy in those with continued **erectile dysfunction**. Depot testosterone was given to 27 patients (aged 52.4 ± 2.5 years; duration of dialysis, 2.00 ± 0.40 years; and. . . and duration of sexual dysfunction, 3.26 ± 0.56 years) used the devices, with 19 (73.1%) having full correction of their **erectile dysfunction**; six also continued with depot testosterone to maintain their **libido**. Penile discomfort was described by five patients (19.2%) whose potency was not restored. A further five predialysis patients have used the devices, and all had correction of their **erectile dysfunction**. The correction of biochemical hypogonadism in the male dialysis population with testosterone rarely restores sexual function to normal, whereas vacuum. . .

L4 ANSWER 31 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

AN 1998016713 EMBASE

TI Signs of testicular insufficiency in adrenomyeloneuropathy and neurologically asymptomatic X-linked adrenoleukodystrophy: A retrospective study.

AU Assies J.; Gooren L.J.G.; Van Geel B.; Barth P.G.

CS Dr. J. Assies, Dept. Psychiatry Internal Medicine, AMC, PO Box 22700, 1100 DE Amsterdam, Netherlands

SO International Journal of Andrology, (1997) 20/5 (315-321).

Refs: 35

ISSN: 0105-6263 CODEN: IJANDP

CY United Kingdom

DT Journal; Article

FS 003 Endocrinology

005 General Pathology and Pathological Anatomy

008 Neurology and Neurosurgery

028 Urology and Nephrology

037 Drug Literature Index

LA English

SL English

SO International Journal of Andrology, (1997) 20/5 (315-321).

Refs: 35

ISSN: 0105-6263 CODEN: IJANDP

AB . . . and the LH and FSH responses to GnRH were also determined. Clinical signs of gonadal dysfunction were manifested by diminished **libido** (46%), largely overlapping with **erectile dysfunction** (58%), and failure of the testes to descend (15%). Physical examination revealed diminished body sexual hair (50%), gynaecomastia (35%), and. . .

L4 ANSWER 32 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

AN 97241609 EMBASE

DN 1997241609

TI [Drug-induced sexual dysfunction in the elderly patient].
DISFUNCIONES SEXUALES DE ORIGEN FARMACOLOGICO EN EL PACIENTE ANCIANO.

AU Sanchez Blasco E.; Sanchez Garcia P.

CS E. Sanchez Blasco, Avenida de Bonn, 23, 8. A, 28028 Madrid, Spain

SO Revista Espanola de Geriatria y Gerontologia, (1997) 32/1

(30-38).

Refs: 23

ISSN: 0211-139X CODEN: REGGDU

CY Spain

DT Journal; Article

FS 020 Gerontology and Geriatrics

037 Drug Literature Index

- LA Spanish
 SL Spanish; English
 SO Revista Espanola de Geriatria y Gerontologia, (1997) 32/1
 (30-38).
 Refs: 23
 ISSN: 0211-139X CODEN: REGGDU
- AB . . . the number of individuals taking medications has raised the incidence of drug-induced sexual dysfunction in recent years. In general, drug-induced **erectile dysfunction** has increased with the number of drugs available. Physiological changes (vascular, neurological, and hormonal) occurring in every individual with time. . . this type of side effects. Drugs can affect any phase of sexual response acting centrally or peripherally, they can reduce **libido** and penile blood flow, and systemic blood pressure or nerve transmission. Drug-induced sexual dysfunction should be considered whenever we are. .
- L4 ANSWER 33 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN
 AN 97182519 EMBASE
 DN 1997182519
 TI [Nosology, epidemiology and clinical quantification of erectile dysfunction].
 NOSOLOGIE, EPIDEMIOLOGIE, QUANTIFICATION CLINIQUE DES DYSFONCTIONS ERECTILES.
 AU Virag R.; Beck-Ardilly L.
 CS R. Virag, CETI, 18, Rue Boissiere, 75116 Paris, France
 SO Revue de Medecine Interne, (1997) 18/SUPPL. 1 (10s-13s).
 Refs: 4
 ISSN: 0248-8663 CODEN: RMEIDE
- CY France
 DT Journal; Article
 FS 006 Internal Medicine
 017 Public Health, Social Medicine and Epidemiology
 028 Urology and Nephrology
- LA French
 SL French; English
 SO Revue de Medecine Interne, (1997) 18/SUPPL. 1 (10s-13s).
 Refs: 4
 ISSN: 0248-8663 CODEN: RMEIDE
- AB After a review of the literature and of our own data base this article specifies: the nosology of **erectile dysfunction** (ED) defined as an inability to achieve enough rigidity for a satisfactory intercourse. This lack of firmness is frequently associated with a loss of **libido** (37%), performance anxiety (37%), and premature ejaculation (40%). The prevalence of ED in the overall French population, age 18 to. . . 52 and 25% respectively. A quantification of the symptomatology is proposed scoring three different aspects of sexual activity during intercourse, **erectile** activity in absence of intercourse, patient's satisfaction, and partner satisfaction. Figures of normal subjects and patients with ED are presented.
- L4 ANSWER 34 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN
 AN 96364675 EMBASE
 DN 1996364675
 TI [Erectile dysfunction before and after renal transplantation].
 EREKTILE DYSFUNKTION VOR UND NACH NIERENTRANSPLANTATION.
 AU Hoppner W.
 CS Urologische Klinik, Zentralkrankenhaus, St.-Jurgen-Strasse, D-28205 Bremen, Germany

SO Transplantationsmedizin: Organ der Deutschen Transplantationsgesellschaft,
(1996) 8/3 (S. 119-S. 122).
ISSN: 0946-9648 CODEN: ZETRED

CY Germany
DT Journal; Article
FS 028 Urology and Nephrology
LA German
SL English; German

SO Transplantationsmedizin: Organ der Deutschen Transplantationsgesellschaft,
(1996) 8/3 (S. 119-S. 122).
ISSN: 0946-9648 CODEN: ZETRED

AB **Erectile dysfunction** (ED) is very frequent in patients
with end stage renal disease. ED represents an impairment in quality of
life, and. . . the time of dialysis after an average of 18 months.
Totally 62% stated a reduction of ability for erections and **libido**
in the dialysis time. After transplantation the ability for erections and
intercourse returned in 8 patients, but in 7 patients now an ED had
occurred. After transplantation 67% felt an increase of **libido**.
Although 24 of the 54 impotent patients after transplantation were
interested in examinations and therapy of their ED, only 3. . .

L4 ANSWER 35 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

AN 96172059 EMBASE
DN 1996172059
TI [Explosive results: Paroxetine and priapism].
EFFET DETONANT: PRIAPISME SOUS PAROXETINE.

AU Bertholon F.; Krajewski Y.; El Allali A.
CS Clinique de Psychiatrie des Adultes, C.H.U.-H.R.D., Avenue du
Gal-Koenig, 51092 Reims Cedex, France

SO Annales Medico-Psychologiques, (1996) 154/2 (145-146).
ISSN: 0003-4487 CODEN: AMPYAT

CY France
DT Journal; Conference Article
FS 028 Urology and Nephrology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles

LA French
SL French; English

SO Annales Medico-Psychologiques, (1996) 154/2 (145-146).
ISSN: 0003-4487 CODEN: AMPYAT

AB . . . treated with paroxetine is reported for the first time. Other
sexual side effects are reported with paroxetine: delayed ejaculation,
anorgasmia, **erectile dysfunction** and decreased
libido. Other antidepressants are known to cause priapism:
fluoxetine and especially trazodone.

L4 ANSWER 36 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

AN 96141735 EMBASE
DN 1996141735
TI Causes of fertile disturbances in oncological male patients.

AU Kovac V.
CS Institute of Oncology, Zaloska 2, 61105 Ljubljana, Slovenia

SO Radiology and Oncology, (1996) 30/1 (46-54).
ISSN: 1318-2099 CODEN: RONCEM

CY Slovenia
DT Journal; General Review
FS 010 Obstetrics and Gynecology
014 Radiology
016 Cancer

025 Hematology
028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles

LA English
SL English
SO Radiology and Oncology, (1996) 30/1 (46-54).
ISSN: 1318-2099 CODEN: RONCEM

AB . . . gonadal function through various mechanisms. A majority of men treated with chemotherapy are affected with indeterminate periods of azoospermia, decreased **libido** and **erectile dysfunction**. Additionally, we have to consider in oncological patients also factors, which can influence on fertility, such as impact of other. . .

L4 ANSWER 37 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 96060975 EMBASE
DN 1996060975
TI [Citalopram treatment of premature ejaculation].
EJACULATIO PRAECOX CITALOPRAM KEZELESE.
AU Kery S.; Kozma A.
CS Varosi Egeszsegugyi Szolgalat, Andrologiai Szakrendeles, Debrecen, Hungary
SO Magyar Urologia, (1995) 7/4 (359-364).
ISSN: 0864-8921 CODEN: MGURAL
CY Hungary
DT Journal; Article
FS 028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles

LA Hungarian
SL English; Hungarian
SO Magyar Urologia, (1995) 7/4 (359-364).
ISSN: 0864-8921 CODEN: MGURAL

AB . . . the ejaculation became longer in 28 patients while in 4 cases no effect were observed. 2 patients presented loss of **libido** 2 other **erectile dysfunction** while in the rest 30 patients side effects on the sexual life were not detected. The citalopram is considered as. . .

L4 ANSWER 38 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 95323788 EMBASE
DN 1995323788
TI Oral trazodone as empirical therapy for erectile dysfunction: A retrospective review.
AU Lance R.; Albo M.; Costabile R.A.; Steers W.D.
CS Urology Service, Department of Surgery, Walter Reed Army Medical Center, Washington, DC 20307, United States
SO Urology, (1995) 46/1 (117-120).
ISSN: 0090-4295 CODEN: URGYAZ
CY United States
DT Journal; Article
FS 028 Urology and Nephrology
037 Drug Literature Index

LA English
SL English
SO Urology, (1995) 46/1 (117-120).
ISSN: 0090-4295 CODEN: URGYAZ

AB Objectives. Anecdotal reports of increased **libido** and sexual function in patients taking trazodone have led to its empirical use in patients with **erectile dysfunction**. A retrospective

review of patient-reported responses to trazodone was performed to outline the efficacy and side-effect profile of this agent. Methods. Between 1989 and 1994, 182 patients were placed on oral trazodone as empirical therapy for **erectile dysfunction**. Patients ranged in age from 26 to 85 years, with a mean of 60 years. Patients were evaluated before receiving trazodone with a thorough medical history and physical examination. Known risk factors for **erectile dysfunction** were assigned based on historical information and the findings of the examination. Patients received trazodone for at least 2 consecutive . . . at 25 mg. Results. One hundred twenty-seven patients were available for follow-up by a standardized questionnaire regarding perceived improvement in **erectile** function, sexual function, and side effects. In patients less than 60 years of age, with no known risk factors for **erectile dysfunction**, 21 of 27 (78%) showed significant improvement in **erectile** ability. Smokers and patients older than 60 years with a history of significant peripheral vascular disease responded poorly to trazodone therapy. The duration of **erectile dysfunction** was inversely related to a response to trazodone. Of patients with a duration of impotence less than 12 months, 48% reported a positive response. Only 16% of patients with duration of **erectile dysfunction** greater than 60 months reported improvement in erections and sexual function. Trazodone was well tolerated by this population, with 62%. . . reporting no side effects. Conclusions. Despite the limitations of a nonrandomized, retrospective study, trazodone appears to benefit younger patients with **erectile dysfunction** with few known risk factors. A prospective, placebo-controlled trial is needed to confirm the observations of this pilot study.

L4 ANSWER 39 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

AN 94309709 EMBASE

DN 1994309709

TI Study of sexual function of male diabetics.

AU Yamaguchi Y.; Kumamoto Y.

CS Department of Urology, Sapporo Medical University, Sapporo 062, Japan

SO Japanese Journal of Urology, (1994) 85/9 (1327-1335).

ISSN: 0021-5287 CODEN: NGKZA6

CY Japan

DT Journal; Article

FS 028 Urology and Nephrology

LA Japanese

SL English; Japanese

SO Japanese Journal of Urology, (1994) 85/9 (1327-1335).

ISSN: 0021-5287 CODEN: NGKZA6

AB . . . The control group consisted of 6,426 healthy male subjects. The principal parameters taken into account by the Questionnaire were the **libido** and ability to achieve/maintain an erection, with consideration given to the factor of the subject's age. The results were as. . . greater in the cases with neuropathy. 2. In comparison with the healthy male control subjects, the diabetics showed decreases in **libido** and the ability to achieve/maintain an erection which were not very severe at younger ages, but became striking after the. . . erection was the subject's age (contribution rate: 27.2%), followed by neuropathy (7.4%). These two factors represented the explanatory factor of **erectile dysfunction** in approximately 1/3 of the diabetics. In addition, the factor of age accelerates the progress of damage to the blood. . .

L4 ANSWER 40 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

AN 94175236 EMBASE

DN 1994175236
 TI [Sexual dysfunction in Parkinson's disease].
 DISFUNCION SEXUAL EN LA ENFERMEDAD DE PARKINSON.
 AU Burguera J.A.; Garcia Reboll L.; Martinez Agullo E.
 CS Servicio de Neurologia, Hospital Universitario La Fe, Avda. Campanar
 21,46009 Valencia, Spain
 SO Neurologia, (1994) 9/5 (178-181).
 ISSN: 0213-4853 CODEN: NERLEN
 CY Spain
 DT Journal; Article
 FS 008 Neurology and Neurosurgery
 028 Urology and Nephrology
 032 Psychiatry
 LA Spanish
 SL Spanish; English
 SO Neurologia, (1994) 9/5 (178-181).
 ISSN: 0213-4853 CODEN: NERLEN
 AB Sexual activity, function and **libido** in 50 patients with
 idiopathic Parkinson's disease and no signs of mental deterioration were
 evaluated by an restructured questionnaire. The. . . a mean time
 elapsed since onset of 7.01±3.9 years. We found decreased sexual
 activity in 68% and a lack of **libido** admitted by 26%. Although
 the decrease in sexual activity was found more often in women, this
 dysfunction was not statistically significant. Decreased sexual desire,
 however, was statistically significant. **Erectile**
dysfunction was found in 38.8% and was more frequent in patients
 over 61 years of age.

L4 ANSWER 41 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN
 AN 93103480 EMBASE
 DN 1993103480
 TI Reproductive aspects of testicular germ cell cancer: General discussion.
 AU Grigor K.M.; Donohue J.P.
 CS Department of Pathology, University of Edinburgh, Teviot Place, Edinburgh
 EH8 9AG, United Kingdom
 SO European Urology, (1993) 23/1 (177-181).
 ISSN: 0302-2838 CODEN: EUURAV
 CY Switzerland
 DT Journal; Conference Article
 FS 016 Cancer
 028 Urology and Nephrology
 037 Drug Literature Index
 038 Adverse Reactions Titles
 LA English
 SL English
 SO European Urology, (1993) 23/1 (177-181).
 ISSN: 0302-2838 CODEN: EUURAV
 AB . . . are greater than 24 IU/l which is twice the upper limit of
 normal. Retroperitoneal lymph node dissection does not cause
erectile dysfunction, but may cause dry ejaculation
 unless a nerve sparing operation is performed by an experienced surgeon.
 LHRH analogues causes reduced testosterone secretion, impotence and loss
 of **libido**, and requires exogenous androgen therapy. CIS can be
 eradicated by 20 Gy fractionated radiotherapy. This dose has been shown to
 have. . .

L4 ANSWER 42 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN
 AN 88072568 EMBASE
 DN 1988072568
 TI Oral and transcutaneous pharmacologic agents in the treatment of

impotence.

- AU Morales A.; Condra M.S.; Owen J.E.; Fenemore J.; Surridge D.H.
CS Department of Urology, Queen's University, Kingston General Hospital,
Kingston, Ont. K7L 2V7, Canada
SO Urologic Clinics of North America, (1988) 15/1 (87-93).
ISSN: 0094-0143 CODEN: UCNADW
CY United States
DT Journal
FS 028 Urology and Nephrology
037 Drug Literature Index
LA English
SL English
SO Urologic Clinics of North America, (1988) 15/1 (87-93).
ISSN: 0094-0143 CODEN: UCNADW
- AB . . . the clinical level have made it possible to record the quality of
erections during sleep, to assess the individual's maximum
erectile capacity, to determine penile blood flow, to measure
intracavernosal pressures before and during an **erectile** episode,
and to test nerve conduction. As a result of these developments, there has
been a recognition of a multiplicity. . . categorized as having a
condition of predominantly organic or predominantly psychogenic etiology.
Parallel with the enhancement of our understanding of **erectile**
dysfunction, there have been some notable contributions to its
therapy. The best known and perhaps most frequently used is the
implantation. . . few years, however, an enormous interest has
developed in the use of various agents with a potential for improving both
libido and the quality of erections. Unfortunately, scientific
studies to determine the usefulness of such agents are scarce or in many.
. . . been the use of hormonal agents. Unfortunately, they are frequently
used indiscriminately, resulting in poor outcomes, since the frequency of
erectile failure secondary to endocrine anomalies is low.
- L4 ANSWER 43 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 88059628 EMBASE
DN 1988059628
TI Ejaculatory failure and urinary dysfunction secondary to labetalol.
AU O'Meara J.; White W.B.
CS Hypertension Unit, University of Connecticut School of Medicine,
Farmington, CT, United States
SO Journal of Urology, (1988) 139/2 (371- 372).
ISSN: 0022-5347 CODEN: JOURAA
CY United States
DT Journal
FS 028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles
006 Internal Medicine
LA English
SL English
SO Journal of Urology, (1988) 139/2 (371- 372).
ISSN: 0022-5347 CODEN: JOURAA
- AB . . . whom ejaculatory failure developed after therapy with labetalol,
an antihypertensive drug with alpha-1 and beta-adrenergic blocking
properties. No decrease in **libido** or **erectile**
dysfunction was reported by any of the patients. Previous and
subsequent antihypertensive therapy with either alpha or beta-adrenergic
blocking agents failed. . .
- L4 ANSWER 44 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 85004095 EMBASE

DN 1985004095
 TI [Prevalence of sexual dysfunctions of male alcoholics].
 HAUFIGKEIT VON SEXUALSTORUNGEN BEI MANNLICHEN ALKOHOL-ABHANGIGEN: EINE
 EMPIRISCHE UNTERSUCHUNG.
 AU Fahrner E.M.
 CS Technische Universitat Munchen, Psychiatrische Poliklinik, 8000 Munchen
 80, Germany
 SO Suchtgefahren, (1984) 30/3 (153-159).
 CODEN: SGFNAY
 CY Germany
 DT Journal
 FS 040 Drug Dependence, Alcohol Abuse and Alcoholism
 052 Toxicology
 LA German
 SL English
 SO Suchtgefahren, (1984) 30/3 (153-159).
 CODEN: SGFNAY
 AB . . . alcohol addicts were investigated by a questionnaire about their
 sexual functioning and by hormonal data. 75% of the patients have
erectile dysfunction, loss of **libido**,
 premature or delayed ejaculation. A follow-up study was done 9 months
 after the end of treatment. No significant differences in. . .

L4 ANSWER 45 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN
 AN 83188836 EMBASE
 DN 1983188836
 TI Multidisciplinary survey of erectile impotence.
 AU Collins W.E.; McKendry J.B.R.; Silverman M.; et al.
 CS Dep. Surg., Fac. Health Sci., Univ. Ottawa, Ottawa, Ont., Canada
 SO Canadian Medical Association Journal, (1983) 128/12 (1393-1399).
 CODEN: CMAJAX
 CY Canada
 DT Journal
 FS 028 Urology and Nephrology
 LA English
 SL French
 SO Canadian Medical Association Journal, (1983) 128/12 (1393-1399).
 CODEN: CMAJAX
 AB A study was done of 220 men referred principally by family physicians to a
 multidisciplinary **erectile dysfunction** study group to
 determine the factors causing or contributing to impotence that had
 persisted for more than 2 months and. . . detected was scored by
 application of defined criteria and a four-point scale. The degree of loss
 of potency and of **libido** as well as level of concern were also
 scored by each specialist. Impotence was complete in 60%, and an
 associated decline in **libido** was reported by 38%. The level of
 concern was high - that is, normal - in 81% and slightly reduced. . .

L4 ANSWER 46 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN
 AN 83149104 EMBASE
 DN 1983149104
 TI Antidepressant drug therapy and sexual dysfunction in men: A review.
 AU Mitchell J.E.; Popkin M.K.
 CS Univ. Hosp., Univ. Minnesota Med. Sch., Minneapolis, MN 55455, United
 States
 SO Journal of Clinical Psychopharmacology, (1983) 3/2 (76-79).
 CODEN: JCPYDR
 CY United States
 DT Journal
 FS 038 Adverse Reactions Titles

037 Drug Literature Index
032 Psychiatry
028 Urology and Nephrology

LA English
SO Journal of Clinical Psychopharmacology, (1983) 3/2 (76-79).
CODEN: JCPYDR

AB . . . A complicating factor in understanding this area is the lack of sufficient information concerning sexual dysfunction associated with depression. Both **erectile dysfunction** and ejaculatory problems have been reported with the use of the clinically available antidepressants. No single agent seems to be implicated more frequently than the other drugs. Changes in **libido** have also been reported. The authors found no reported cases of priapism, which has been reported as a side effect. . .

L4 ANSWER 47 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 83141122 EMBASE
DN 1983141122
TI The pathophysiology of sexual dysfunction associated with antipsychotic drug therapy in males: A review.
AU Mitchell J.; Popkin M.
CS United States
SO Archives of Sexual Behavior, (1983) 12/2 (173-183).
CODEN: ASXBA8
CY United States
DT Journal
FS 038 Adverse Reactions Titles
037 Drug Literature Index
032 Psychiatry

LA English
SO Archives of Sexual Behavior, (1983) 12/2 (173-183).
CODEN: ASXBA8

AB Sexual dysfunction is commonly encountered in men receiving antipsychotic drug therapy. Ejaculatory dysfunction has been most commonly reported, but **erectile dysfunction**, decreased **libido**, priapism, and a change in the sensation of orgasm have also been noted. The anticholinergic and anti-adrenergic effects of antipsychotics. . .

L4 ANSWER 48 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 82099288 EMBASE
DN 1982099288
TI Sexual dysfunction in male diabetics and alcoholics: A comparative study.
AU Buus Jensen S.
CS Rigshosp., Univ. Hosp. Psychol. Dept., Unit Sexol. Res. DK-2100
Copenhagen, Denmark
SO Sexuality and Disability, (1981) 4/4 (215-219).
CODEN: SDISDC
CY United States
DT Journal
FS 019 Rehabilitation and Physical Medicine
032 Psychiatry
017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
003 Endocrinology
010 Obstetrics and Gynecology
028 Urology and Nephrology

LA English
SO Sexuality and Disability, (1981) 4/4 (215-219).
CODEN: SDISDC

AB . . . significantly from the controls in symptom-patterns and in

incidence of sexual dysfunction. This difference consisted of a higher rate of **erectile dysfunction** and reduced **libido**. Premature ejaculation was the most common symptom in the control group. Sexual dysfunction was uncorrelated to duration of diabetes and. . .

L4 ANSWER 49 OF 52 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 80047863 EMBASE
DN 1980047863
TI Sexual customs and dysfunction in alcoholics: Part II.
AU Jensen S.B.
CS United Kingdom
SO British Journal of Sexual Medicine, (1979) 6/54 (30-34).
CODEN: BJMEDF
CY United Kingdom
DT Journal
FS 017 Public Health, Social Medicine and Epidemiology
032 Psychiatry
LA English
SO British Journal of Sexual Medicine, (1979) 6/54 (30-34).
CODEN: BJMEDF
AB . . . by 63 per cent of the patients in this study complaining of sexual dysfunction. The most common symptoms were impotence (**erectile dysfunction**) and reduced **libido**.
Nearly two thirds of the patients felt that their sexual dysfunction originated just at the beginning of the alcoholism treatment.. . .

L4 ANSWER 50 OF 52 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 95:36357 SCISEARCH
GA The Genuine Article (R) Number: PY677
TI ERECTILE DYSFUNCTION
AU CARRIER S; ZVARA P; LUE T F (Reprint)
CS UNIV CALIF SAN FRANCISCO, SCH MED, DEPT UROL, SAN FRANCISCO, CA, 94143
(Reprint); UNIV CALIF SAN FRANCISCO, SCH MED, DEPT UROL, SAN FRANCISCO, CA, 94143
CYA USA
SO ENDOCRINOLOGY AND METABOLISM CLINICS OF NORTH AMERICA, (DEC 1994)
) Vol. 23, No. 4, pp. 773-782.
ISSN: 0889-8529.
DT Article; Journal
FS LIFE; CLIN
LA ENGLISH
REC Reference Count: 34
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
SO ENDOCRINOLOGY AND METABOLISM CLINICS OF NORTH AMERICA, (DEC 1994)
) Vol. 23, No. 4, pp. 773-782.
ISSN: 0889-8529.
AB **Erectile dysfunction** is the inability to maintain an erect penis with sufficient rigidity for vaginal penetration and sexual satisfaction. It is different from loss of **libido**, premature ejaculation, or absence of orgasm. It is an age-dependent disorder with an incidence of 1.9% at 40 years and up to 25% at 65 years.(15) Moreover, certain diseases such as diabetes mellitus predispose the patient to **erectile dysfunction** with reported incidence as high as 50%.(24)
Innovative laboratory and clinical research in the hemodynamics, neurophysiology, and pharmacology of erection have greatly improved our understanding of the pathophysiology of **erectile dysfunction**. To date, organic **erectile dysfunction** has been most frequently attributed to neurogenic and vasculogenic abnormalities. In most of the cases, however, the etiology of. . . of the impotence, the physician is

often placed in the position of treating the symptom while overlooking the cause of **erectile** dysfunction. We believe that a basic workup including a detailed history, physical examination, and blood tests should be obtained in. . .

L4 ANSWER 51 OF 52 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 95:36353 SCISEARCH
GA The Genuine Article (R) Number: PY677
TI HISTORY AND PHYSICAL EXPLANATION
AU CLARK R V (Reprint)
CS DUKE UNIV, MED CTR, DEPT MED, DIV ENDOCRINOL & METAB, BOX 3027, TRENT DR, ROOM 268 BAKER HOUSE, DURHAM, NC, 27710 (Reprint)
CYA USA
SO ENDOCRINOLOGY AND METABOLISM CLINICS OF NORTH AMERICA, (DEC 1994)
) Vol. 23, No. 4, pp. 699-707.
ISSN: 0889-8529.
DT Article; Journal
FS LIFE; CLIN
LA ENGLISH
REC Reference Count: 34
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
SO ENDOCRINOLOGY AND METABOLISM CLINICS OF NORTH AMERICA, (DEC 1994)
) Vol. 23, No. 4, pp. 699-707.
ISSN: 0889-8529.
AB Male patients present to a clinical andrologist for a variety of problems, most frequently because of **erectile dysfunction** or decreased **libido**, infertility, or failure to progress through puberty. As in all areas of medicine, the history and physical examination provide the. . .

L4 ANSWER 52 OF 52 TOXCENTER COPYRIGHT 2004 ACS on STN
AN 1998:52267 TOXCENTER
DN PubMed ID: 9691633
TI Pharmacology of male sexual dysfunction
Original Title: Farmacologia delle disfunzioni sessuali maschili
AU Aversa A; Rocchietti-March M; Botta D; Caprio M; Pezzella P; Fabbrini E; Fabbri A; Bonifacio V
CS Dipartimento di Fisiopatologia Medica, Universita degli Studi La Sapienza, Roma
SO Minerva endocrinologica, (1998 Mar) 23 (1) 17-25. Ref: 21.
Journal Code: 8406505. ISSN: 0391-1977.
CY Italy
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
FS MEDLINE
OS MEDLINE 1998356662
LA Italian
ED Entered STN: 20011116
Last Updated on STN: 20011116
SO Minerva endocrinologica, (1998 Mar) 23 (1) 17-25. Ref: 21.
Journal Code: 8406505. ISSN: 0391-1977.
AB. . . steady improvement over the last 15 years which has resulted in a better appreciation of the neurovascular mechanisms of the **erectile** process especially at the level of the corpora cavernosa; however, central mechanisms which control **libido** and erection are not yet completely elucidated. Frequent diseases most commonly encountered in elderly patients--i.e. diabetes, hypertension, atherosclerosis, depression, etc--represent a frequent cause of **erectile dysfunction** (ED) and are treated with medications that can interfere with sexual functioning at the central and/or peripheral level. Antidepressants, including the tricyclics and

the monoamine oxidase inhibitors, have been implicated in ED, decreased libido, and impaired ejaculation. Most antihypertensives have been associated with some erectile impairment, but diuretics seem to have little effect on erectile function. The calcium channel blockers and ACE inhibitors are associated with a low incidence of ED. Sympatholytic antihypertensives seldom cause. . .